

# PROTECTION OF MINORS EVENT FORM

**Instructions:**

1. Review Protection of Minors Policy and Procedures [here](#).
2. At least fourteen (14) days prior to the event, complete and submit this form with attachments to UIC Human Resources at [uicpom@uic.edu](mailto:uicpom@uic.edu)

Program Title:	Hosting/Sponsoring Unit:									
Program Dates and Times:	Program Location(s):									
Unit Contact Information: (Name, Phone, Email)										
<b>Emergency Contact Information:</b> Persons (at least 2) responsible for making arrangements for the safety of minors and other participants in the event of an emergency: (name, e-mail address and phone numbers)										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">e-mail</th> <th style="width: 33%;">Phone Number</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Contact 1:</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Contact 2:</td> <td></td> <td></td> </tr> </tbody> </table>	Name	e-mail	Phone Number	Contact 1:			Contact 2:		
Name	e-mail	Phone Number								
Contact 1:										
Contact 2:										
Estimated Attendance (Include Participants and Volunteers)	Target Age Range									
Detailed Program Description:										
Have the Activity Protocols required by UIC Policy been attached?(See Page 2, Protection of Minors Compliance Checklist)										
<input type="checkbox"/> Yes <input type="checkbox"/> No (explain)										

**I attest that the information contained herein and attached is true and correct to the best of my knowledge and belief.**

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Signature of Hosting/Sponsoring Department or Unit Head/Supervisor Date

<i>HR Administrative Use Only</i>			
	Date:	Initials:	Notes:
<input type="checkbox"/> Approved			
<input type="checkbox"/> Denied			

## PROTECTION OF MINORS COMPLIANCE CHECKLIST

### Instructions:

Please submit a brief narrative that describes how your unit is complying or handling each segment of the compliance checklist below.

If this information is contained in a Camp Orientation Manual or Event Emergency Plan, or other document, please provide a copy of said plan, and attach copy of this checklist to submitted form.

Sponsoring Unit:

Program Title:

Date Program Begins:

- Transportation: Including the transportation of minors at the beginning and end of the activity, to and from the activity, and within the program, whether by parents, guardians, staff or others. Activities must comply with university policies regarding drivers and vehicles.
- Plans for weather emergencies and other emergencies.
- Plans for providing adequate supervision for minors.
- Plans for educating event personnel about appropriate conduct standards with and around minors.
- Plan for alerting participants about how to report issues, including issues with peers, event personnel and others.
- Plan for collecting and maintaining appropriate permission forms, medical contact information and liability waivers. Forms should be safeguarded and readily available.  
**A blank copy of the forms used should be provided.**
- Plans for addressing medical emergencies.

**Overnight Activities:** Yes  No

If "NO" is checked the below documentation is not required.

Activities including overnight stays by minors shall have the following additional protocols:

- Describe the identification to be worn by staff members, and participants if appropriate.
- State the applicable curfews.
- Provide a copy of the code of conduct or other conduct standards for participants.
- Describe where adults will sleep and their proximity to the minors.

If you do not have this type of document, please submit a brief narrative that describes how your unit is complying or handling each segment of the compliance checklist.

## LIST OF INDIVIDUALS WORKING WITH MINORS

List below the names of individuals, including UIC Personnel, Volunteers, and Contractors who are responsible for the supervision or care of children, or whose duties would require close contact and/or alone time with minors who are not enrolled or accepted for enrollment at UIC. You may also attach a list if you already have one created. The Protection of Minors Office will use the information to ensure that background checks have been completed for the individuals working with minors. All individuals whose background checks are not completed in advance of the event will not be approved to work with minors. Please ensure that [background checks](#) have been completed within the past two years for all individuals listed below.

**NAME**

**TITLE**

***UIN (if a UIC Employee)***